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A proposed model of person-, family-, and culture-centered nursing care

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ABSTRACT

Background: For decades person-, patient-, family-centered, and culturally competent care models have been evolving and conceptualized in the literature as separate. To our knowledge, there has not been a systematic approach to comparing all four of these conceptual models of care.

Purpose: To explicate and compare four conceptual care models: person-, patient-, family-centered, and culturally competent care.

Methods: A comparative concept analysis informed by Rogers' evolutionary concept analysis was used to compare 32 nursing research on person-, patient-, family-centered care, and culturally-competent care published between 2009 and 2013.

Results: Collective results of analyses of 32 nursing research articles found 12 attributes: collaborative relationship, effective communication, respectful care, holistic perspective, individualized care, inter-professional coordination, self-awareness, empowerment, family as unit of care, interpersonal relationships, cultural knowledge, and cultural skills. Antecedents included: lack of empirical evidence, poor patient outcomes, implementation problems, knowledge deficits, patient/parent emotional distress, poor patient-provider relationships, and health disparities. Consequences included: improved health-related outcomes, increased satisfaction, enhanced patient/family-provider relationships, reduced hospitalization, improved quality of life, improved quality of parent-child relationships, increased trust, enrollment in research, insights about biases, and appreciation for cultural differences. Social justice, advocated by scholars and national organizations, was absent from all studies.

Conclusions: Findings informed the proposed blended conceptual care framework that embraces the attributes of each care model and includes social justice.

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A clear understanding and articulation of concepts is essential to advance nursing knowledge and to effectively communicate within nursing research, education, and practice as well as across disciplines (Bonis, 2013). Over the past few decades, four conceptualizations of health care delivery have emerged that reflect a shift in the health care delivery paradigm from a paternalistic, disease-focused perspective to care

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models that focuses on the needs, preferences, and cultural values of the constituents of health care: person-centered, patient-centered, family-centered, and culturally competent care. Application of these four conceptual care models tends to vary based on the patient population or the environment in which care is delivered. The term "patient centered" is typically used in regard to recipients of services in tertiary care settings (Morgan & Yoder, 2012), whereas "person centered" is used in reference to nursing home residents (Brooker, 2007). "Family-centered" care is generally preferred in interventions for pediatric populations (American Academy of Pediatrics, 2012). "Culturally competent" care is a term that calls for customizing care for patient populations that share one or more demographic characteristics, usually race, ethnicity, language, or country of origin (Office of Minority Health, U.S. Department of Health and Human Services, 2015).

Many professional organizations and government agencies advocate for institutional implementation of these conceptual care models (American Academy of Pediatrics, 2012; American Association of Colleges of Nursing, 2008; American Nurses Association, 2015; Bloom, 2002; Chao, Anderson, & Hernandez, 2009; The Joint Commission, 2010). These conceptual care models are also recommended for inclusion in undergraduate and graduate nursing curricula (American Association of Colleges of Nursing, 2008; American Nurses Association, 2015). Therefore, the purpose of this article was to (a) describe the historical separate evolution of these four conceptual care models, (b) report results of a concept analysis that offers conceptual clarity about the use of each model in current empirical nursing literature, (c) compare models to identify conceptual similarities and differences, and (d) discuss implications for blending the models.

Historical Evolution of Models

Table 1 provides an overview of the historical evolution of the four models. In summary, multiple disciplines have contributed to the parallel evolution of each of these four conceptual care models. Although the models share several attributes, for example, uniqueness of the "patient," importance of patient–provider relationship, and emphasis on individualized care, they remain mutually exclusive within the research literature. In addition, person-, patient-, or family-centered care models do not address power, privilege, historical oppression, or cross-cultural patient–nurse relationships. To our knowledge, there has been no systematic approach to comparing these four care models as conceptualized by nurse researchers. Therefore, we conducted a comparative concept analysis to explicate the current state of these concepts within nursing research and explore how similar or different the models might be.

Methods

Inclusion/Exclusion Criteria and Data Sources

Table 2 details the search criteria, search terms, databases, and article selection for each concept. Our search included articles published by nursing researchers, documented by authorship, reporting primary data, and published between 2009 and 2013. We chose this time frame because previous concept analyses had been completed before 2009. We chose articles with nurse authors because our aim was to explicate how the four conceptual care models have been conceptualized in nursing science. The most common reason for exclusion was that nurses were not authors.

Analytic Procedures

The research team was comprised of content and methodology experts. We followed the procedures of Rodgers (2000) in the conduct of a separate concept analysis for each of the four conceptual care models, beginning with person-centered care, followed sequentially by patient-centered care, family-centered care, and culturally competent care. We selected concepts significant to nursing, that is, four conceptual care models, and performed database searches using specific inclusion and exclusion criteria. Each researcher independently identified the surrogate terms, antecedents, attributes, and consequences in each article. The team met weekly to discuss the codes and reach group consensus about results. During our analysis, we found that in the family-centered and cultural competency articles, researchers identified barriers to implementing care models. Therefore, we added "barriers" as a category. Findings were entered into matrices. We modified and refined codes and matrices as new findings emerged from the analysis. On completion of the analysis of the four conceptual care models, we compared the results across the models to identify distinguishing and overlapping characteristics as recommended by Haase, Leidy, Coward, Britt, and Penn (2000). Finally, we assimilated the findings into a proposed blended model that also included social justice.

Results

Sample Characteristics

Our sample consisted of 32 articles published from 2009 to 2013. Most of the 10 person-centered care studies originated in Europe. The rest were from the United States and Australia. Most of the patient-centered care studies were performed in the United States. Only one study of patient-centered care was